

NAME:			
(Please Pri	nt)	(Preferred Name for Conf	erence Badge)
TITLE:	ITLE:ORGANIZATION:		
MAILING ADDRESS:_			
CITY / STATE / ZIP:			
PHONE:	FAX:	E-MAIL:	
Indicate any special dietary needs or any special needs you may have as defined by the Americans with Disabilities Act:			
☐ Early Registration* \$165 (on or before December 19, 2003) ☐ Late Registration* \$180 (between December 20, 2003, and January 16, 2004) TOTAL AMOUNT: \$			
*Conference fees include three continental breakfasts, two lunches, one evening reception, transportation to two site visits, and conference materials. This conference qualifies as a general business conference and training as specified under the Government Employees Training Act. Meals are provided as outlined above.			
Payment may be made by check or money order to Charleston Events , LLC , or by credit card – Visa or MasterCard only. We cannot accept purchase orders.			
this card with any char	wing Visa or MasterCar	ation. 🗌 Visa 🔠 Master0	
Card No:		Exp	ration Date:/
Cardholder's name:	(Please Print)	Cardholder's Signature:_	(Required to Process Payment)

Please complete this registration form by January 16, 2004, and mail with payment or FAX with credit card information to

Lynn Sellers, Charleston Events, LLC NOAA Coastal Services Center 2234 South Hobson Avenue Charleston, SC 29405

Fax: (843) 740-1316 Federal ID # 02-0607189

For questions contact Lynn Sellers at (843) 740-1284 or lynn.sellers@noaa.gov or contact Lacy Johnson at (843) 740-1213 or lacy.johnson@noaa.gov. Cancellation Policy: All changes or cancellations must be made via mail or fax. Refunds minus a \$30.00 processing fee will be made prior to January 16. No refunds will be processed after this date. Substitutions are welcome. You will receive registration confirmation within one week, faxed to the number you have provided.